

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025714

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1003 Registrar's No. 6508

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Registration District No. 1003 Registrar's No. 6508

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Homer G. PhillipsInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1714 N. WhittierReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Theodore Bullock Jr.4. DATE OF DEATH
Month Day Year
June 17, 19635. SEX
Male6. COLOR OR RACE
Negro7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Aug 25, 19279. AGE (last birthday)
35IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Unemployed

10b. KIND OF BUSINESS OR INDUSTRY
None11. BIRTHPLACE (City and state or country)
St. Louis Mo.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Theodore Bullock St.

13b. MOTHER'S MAIDEN NAME

Eva Hall

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Eva Bullock 1724 N. Whittier Ave.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial Pneumonia

INTERVAL BETWEEN
ONSET AND DEATHConditions; if any,
which gave rise to
above cause (a),
stating the under-
lying cause, last.

DUE TO (b)

DUE TO (c)

Following head injury suffered in fall in
basement in home on or about June 9th 1963.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

accident

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT
ASUICIDE
☐HOMICIDE
☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
See above 904.0-2120c. TIME OF
INJURYHour Month, Day, Year
a.m. p.m. 6-9-6320d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Home20f. CITY, TOWN, OR LOCATION
St. Louis, Mo

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

415 A

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul J. Simon Deputy Coroner

22b. ADDRESS

Boo Clark

22c. DATE SIGNED

6/20/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

June 24, 1963

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Mo.

24. FUNERAL DIRECTOR

ADDRESS

C. Boesche 1221 N. Grand Blvd

25. DATE RECD. BY LOCAL REG.

JUN 20 1963

26. REGISTRAR'S SIGNATURE

Ead Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision:

Student _____

Signature of Student Embalmer

Signed

Oliver Cummell

Licensed Embalmer No. 5185

P. O. Address 1221 W Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.